

ADMINISTRATIVE REMEDY RESPONSE

Log No. 1028477-F1

This is in response to your Request for Administrative Remedy received in my office on June 22, 2020. You fear contracting COVID-19 and dying based on your age, high blood pressure and high cholesterol. As such, you request consideration for release.

Title 18 of the United States Code, section 3582(c)(1)(A), allows a sentencing court, on motion of the Director of the Bureau of Prisons (BOP), to reduce a term of imprisonment for extraordinary or compelling reasons. BOP Program Statement 5050.50, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582 and 4205(g), provides guidance on the types of circumstances that present extraordinary or compelling reasons, such as the inmate's terminal medical condition; debilitated medical condition; status as a "new law" elderly inmate, an elderly inmate with medical conditions, or an "other elderly inmate"; the death or incapacitation of the family member caregiver of the inmate's child; or the incapacitation of the inmate's spouse or registered partner. You previously applied for a RIS under the "other elderly inmate" provision and were denied on April 7, 2020, by the Office of General Counsel.

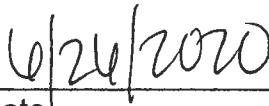
The BOP is taking extraordinary measures to contain the spread of COVID-19 and treat any affected inmates. It is recognized that you have legitimate concerns and fears about the spread and effects of the virus. However, a concern about potential exposure, or possibly contracting, COVID-19 does not warrant an early release from your sentence. Your current medical condition is determined to be stable and well managed.

Your Request for Administrative Remedy is denied.

If you are dissatisfied with this response, you may file an appeal with the North Central Regional Director, Federal Bureau of Prisons, North Central Regional Office, 400 State Avenue, Tower II, Suite 800, Kansas City, Kansas 66101-2492, within 20 (twenty) calendar days of the date of this response.



M. Starr, Warden



Date

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Friend, Vallia C.
LAST NAME, FIRST, MIDDLE INITIAL

35685083

REG. NO.

D
UNIT

FCI-Waseca
INSTITUTION

Part A- INMATE REQUEST

Warden,

I'm doing this to explain my concerns about me getting Covid-19 virus my medical conditions are:

High Blood pressure

High Cholesterol

and also another factor is I'm 69 years old. So I'm in a high risk group - the elderly, that if I contract the Covid-19 virus, I could die from the virus. I am literally afraid for my life. Any consideration for my release would be appreciated. Thank you for your time

6-17-20

SIGNATURE OF REQUESTER

Part B- RESPONSE

See Attached Response

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

FIRST COPY: WARDEN'S ADMINISTRATIVE REMEDY FILE

CASE NUMBER: 1028477 F1

CASE NUMBER: 1028477 F1

Part C- RECEIPT

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT:

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)